

Your Dealership Name
Your Address
Your Town, AZ 85007

License Number: _____

Compatibility Agreement

Date:

This form is required by the Arizona Department of Fire, Building and Life Safety. Its purpose is to inform you, our customer, that the utility service facilities for manufactured home spaces are not standardized and compatibility between a chosen manufactured home space and a manufactured home to be purchased is the purchaser's responsibility, if this applies.

Buyer's Signature _____

Date _____

(NOTE: BUYER MUST DATE HIS OWN SIGNATURE. COMPATIBILITY AGREEMENT MUST BE SIGNED AND DATED PRIOR TO OR ON THE SAME DATE AS THE PURCHASE AGREEMENT.)

COMPATIBILITY AGREEMENT IS NOT NEEDED WHEN A USED HOME IS SOLD "WHERE IS" NOR IS IT NEEDED WHEN THE HOME IS BEING PLACED ON PRIVATE LAND.

JANICE K. BREWER
Governor



GENE PALMA
Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

MANUFACTURED HOUSING HOMEOWNER INFORMATION BULLETIN - (NEW)

Buying a new manufactured home/FBB in Arizona is both a smart and wise investment. You have the quality assurances of the federal government under the U.S. Department of Housing and Urban Development Construction Standards Program as well as the standards adopted by the State of Arizona. In addition, the Arizona Department of Fire, Building and Life Safety is responsible by law for enforcing the standards, rules, and regulations under which your home was constructed, sold, and installed.

If any problems arise with your new home within 120 days for cosmetic items and one (1) year for structural, gas, electric, water, or air conditioning/heating:

1. Send the retailer a letter detailing the problem areas, keeping a copy for your own files.
2. If, for some reason, the retailer and/or installer have not responded in a reasonable length of time, call the retailer and send a letter to the manufacturer listing your concerns, again keeping a copy for your files.
3. If, after providing sufficient time for all parties to respond to your concerns, problems still exist, you may contact the Office of Manufacture Housing at: 1110 West Washington, Suite #100, Phoenix, AZ 85007-2935; phone: (602) 364-1003 and file a complaint.

Cosmetic, superficial, or minor complaints are limited to 120 days after date of installation or the designated cosmetic complaint date provided:

1. A walk-through inspection was performed and all cosmetic, superficial, or minor complaints were noted on the walk-through form. All repairs on the walk-through form need to be corrected within ninety (90) days after the end of the cosmetic complaint period (120 days).
2. The purchaser shall notify the retailer in writing regarding cosmetic, superficial or minor matters found after the walk-through and before the 120-day deadline before a complaint may be filed. The retailer or manufacturer shall replace or repair these items within 90 days after the end of the cosmetic complaint period. If, after providing sufficient time for all parties to respond to your concerns, problems still exist, you may contact the Office of Manufactured Housing at the above address.

Misrepresenting a down payment or financing on a credit application to influence a federal agency or a financial institution is a violation of federal law. Penalties for these violations may include a fine of up to \$1,000,000.00, imprisonment up to 30 years, or both. Misrepresenting the amount of down payment on a sales contract is a violation of state law. Please notify the Department if any salesperson or retailer advise actions in violation of the law.

I hereby acknowledge that I have read the foregoing Notice and received a copy of the Homeowner Information Bulletin attached hereto and that all applicable warranties are stated on the sales contract.

Homeowner's Signature _____ Date _____

PRINTED Homeowner's Name: _____

INFORMATION BELOW TO BE COMPLETED BY DEALER: (Please Print or Type)

Business Name _____ License# _____

Manufacturer _____ Serial #: _____

Salesperson License #: _____

Manufactured Home

Factory Built Building

JANICE K. BREWER
Governor



GENE PALMA
Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

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PHOENIX, ARIZONA 85007
(602) 364-1003
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OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

MANUFACTURED HOUSING HOMEOWNER INFORMATION BULLETIN - (USED)

The Arizona Department of Fire, Building and Life Safety is the licensing agency and regulatory authority for manufacturers, dealers, brokers, salespersons and installers of manufactured homes. The Department is responsible by law for enforcing the standards, rules and regulations under which your unit was constructed, sold and installed. The Department has established procedures for handling unresolved consumer complaints against licensees. If any problems should arise, we suggest you take the following steps:

1. Send the dealer or broker a letter detailing your problems; keep a copy for your records.
After a short period of time, follow-up your letter with a phone call.
2. If after a reasonable time the problem is not resolved, contact the Department at the above address. Our Complaint Section will assist you in a fair resolution to your problem, with complaints filed within one year from the date of sale or installation.

If you have any questions, feel free to contact the Department.

*****NOTICE*****
Misrepresenting a downpayment or financing on a credit application to influence a federal agency or a financial institution is a violation of federal law. Misrepresenting the amount of downpayment on a sales contract is a violation of state law. Penalties for these violations may include a fine of up to \$150,000.00 and imprisonment for up to seven years. Please notify the Department of any salesperson, dealer or broker who advises action in violation of the law.
*****RETURN BOTTOM PORTION*****

I hereby acknowledge that I have read the foregoing Notice and received a copy of the Homeowner Information Bulletin attached hereto and that all applicable warranties are stated on the sales contract.

Homeowner's Signature _____ Date _____
Do not sign until you have read the above notice

INFORMATION BELOW TO BE COMPLETED BY DEALER OR BROKER: (Print or Type)

Dealer's or Broker's Business Name _____ Lic.# _____

Manufacturer _____

Serial No. _____ Purchase Date _____ Salesperson Lic.# _____

Purchaser _____

Installer _____ or License # _____

Selling price: Check appropriate box below

Under \$50,000.00 \$50,000.00 or more
**Requires \$30.00 Recovery Fund fee* **No Recovery Fund fee required*

I. Master Bath

- 1. Door
- 2. Switches/Receptacles
- 3. Light Fixture(s)
- 4. Walls
- 5. Trim
- 6. Windows
- 7. Drapes/Mini-Blinds
- 8. Carpet/Floor Covering
- 9. Ceiling
- 10. Air Registers
- 11. Fan(s)
- 12. Countertops
- 13. Cabinets
- 14. Sink(s)/Faucets
- 15. Mirrors
- 16. Tub/Shower
- 17. Commode
- 18. Circuit Interrupter

J. Guest Bath

- 1. Door
- 2. Switches/Receptacles
- 3. Light Fixture(s)
- 4. Walls
- 5. Trim
- 6. Windows
- 7. Drapes/Mini-Blinds
- 8. Carpet/Floor Covering
- 9. Ceiling
- 10. Air Registers
- 11. Fan(s)
- 12. Countertops
- 13. Cabinets
- 14. Sink(s)/Faucets
- 15. Mirrors
- 16. Tub/Shower
- 17. Commode
- 18. Circuit Interrupter

K. Utility Room

- 1. Door
- 2. Switches/Receptacles
- 3. Light Fixture(s)
- 4. Walls
- 5. Trim
- 6. Windows
- 7. Drapes/Mini-Blinds
- 8. Carpet/Floor Covering
- 9. Ceiling
- 10. Air Registers
- 11. Fan(s)
- 12. Countertops
- 13. Cabinets
- 14. Dryer Vented out from Under house.
- 15. Electrical Panels-Labels, etc.

L. Other

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____

Smoke alarm(s) have been tested and alarm has sounded

Description area

The retailer or manufacturer shall supply the purchaser with two gallons of paint to match each interior color ordered. If there are any problems with the drywall within the first year, the retailer or manufacturer must make one additional visit for repairs before the end of the first year if you report the problem.

The consumer is urged to first contact the retailer regarding any problems with the home. The consumer must file any complaints regarding cosmetic items with the Office of Manufactured Housing within 120 days of the installation or designated cosmetic complaint date (A.R.S. § 41-2182).

<hr/> Owner/Agent Signature	<hr/> Date	<hr/> Agent Signature	<hr/> Date
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<hr/> Owner/Agent Signature	<hr/> Date	<hr/> White copy – Retailer	<hr/> Pink copy - Purchaser
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**MANUFACTURED HOUSING
AGENCY DISCLOSURE STATEMENT**

Before the Buyer or Seller enters into a discussion with a Manufactured Housing Broker, the Buyer or Seller should read carefully all agreements to insure that the agreements adequately express their understanding of the transaction. The duties of a Broker do not relieve the Buyer or Seller of the responsibility to protect their own interests.

ELECTION

BUYER ELECTION (Complete this section only if you are the Buyer.)

The undersigned elects to have the Broker (Check any that apply)

_____ represent the Buyer as Buyer's Broker

_____ represent the Seller as the Seller's Broker

_____ show Buyer properties listed with the Broker's firm. As a result, Buyer agrees that Broker shall act as agent for both Buyer and Seller provided that Seller consents to dual representation. Buyer's and Seller's consent should be acknowledged in a separate writing other than the purchase contract.

SELLER ELECTION (Complete this section only if you are the Seller.)

The undersigned elects to have the Broker (Check any that apply)

_____ represent the Seller as Seller's Broker

_____ represent the Buyer as the Buyer's Broker

_____ show Seller's properties to Buyers represented by the Broker's firm and Seller agrees that Broker shall act as agent for both Seller and Buyer provided that Buyer consents to dual representation. Seller's and Buyer's consent should be acknowledged in a separate writing other than the purchase contract.

THE UNDERSIGNED _____ BUYER(S) or _____ SELLER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS DOCUMENT.

SIGNED _____ **Mo/Da/Yr**

SIGNED

Mo/Da/Yr

FIRM NAME (Broker) _____

LICENSEE'S SIGNATURE

Mo/Da/Yr

This sample form reflects the minimum requirements set forth in Arizona Administrative Code R4-34-101.3. and R4-34-303.A. regarding Agency Disclosure. This does not presume to include each and every law that could pertain to the individual needs of your company and/or clients. For such information, you should seek professional advice from a private source.

Dispute Resolution Notification

Many States have a consumer assistance or dispute resolution program that homeowners may use to resolve problems with manufacturers, retailers, or installers concerning defects in their manufactured homes that render part of the home unfit for its intended use. Such State programs may include a process to resolve a dispute among a manufacturer, a retailer, and an installer about who will correct the defect.

In States where there is not a dispute resolution program that meets the federal requirements, the HUD Manufactured Home Dispute Resolution Program will operate. These are "HUD-administered States." The HUD Manufactured Home Dispute Resolution Program is not for cosmetic or minor problems in the home. You may contact the HUD Manufactured Housing Program Office at (202) 708-6423 or (800) 927-2891, or visit the HUD website at www.hud.gov to determine whether your State has a State program or whether you should use the HUD Manufactured Home Dispute Resolution Program. Contact information for State programs is also available on the HUD website.

If your State has a State program, please contact the State for information about the program, how it operates, and what steps to take to request dispute resolution. When there is no State dispute resolution program, a homeowner may use the HUD Manufactured Home Dispute Resolution Program to resolve disputes among the manufacturer, retailer, and installer about responsibility for the correction or repair of defects in the manufactured home that were reported during the 1-year period starting on the date of installation. Even after the 1-year period, manufacturers have continuing responsibility to review certain problems that affect the intended use of the manufactured home or its parts, but for which correction may no longer be required under federal law.

BUYER'S NAME (please print)

BUYER'S SIGNATURE

DATE



MOTOR VEHICLE DIVISION

48-05081 RDZ08 www.azdot.gov
ADOT Vehicle Division
DATE 8/1/08
INITIALS SSD

MOTOR VEHICLE DIVISION E AND REGISTRATION APPLICATION

By signing this application, you sell your vehicle or otherwise transfer ownership, or end your lease, complete a Sold Notice at www.azdot.com.

Plate Number: Title Number: Arizona Brand:

Vehicle Identification Number: Make: REDMAN Body Style: MPH Year: 1987 Arizona Brand:
Previous Brand/State: Previous Brand/State: Other State Veh Brand:

First Registered: Model List Price: 009187 GVW: 1244 Fuel: Odometer Reading (no tank): Actual B C Mobile Home VIN:
Legal Status: Driver License or EIN:

REGISTRATION
EXPIRATION DATE
MESA AZ 85206-1335
Owner Name: Mailing Address:

Residence Address of Owner or Lessee (if different from Mailing Address)

Name: Date:
Driver License or EIN: Legal Status:
Mailing Address: Date:
Driver License or EIN:
Mailing Address:

Motor Home Manufacturer: REDMAN HOMES

Vehicle/Mobile Home Location

Service Options: Date Vehicle Acquired: Vehicle is specially converted or nonstandard.
 Vehicle will be rented without a driver (such as a rental car).

I consent to the release of personal information contained in my driver license and vehicle record. I understand that this is not a one-time consent that applies only to a specific individual or organization, but it instead is a general consent that applies to all requests from any and all individuals or organizations for any purpose, until revoked by me in writing. Consent for a vehicle record applies to all owners.
I certify that the information above and any documentation that I submit in support of this application, is true and correct, and that the vehicle is free from liens, except those indicated above. I acknowledge that the odometer reading above is qualified by the seller and that it is not the responsibility of the Motor Vehicle Division to determine the accuracy of the odometer statement. I understand that vehicles registered for use in, or used to commute into, Air Quality Control Areas (including greater or metro Phoenix or Tucson) may be subject to emissions testing.
All Owners Sign Here

SSD

I do hereby state that we hold this property as joint tenants and furthermore empower and authorize each other as attorney in fact to assign the certificate of title by his or her signature alone and hereby transfer, sell, mortgage or otherwise encumber the vehicle, or renew license plates and/or fees in the same manner as though all joint owners had acted and signed.
Owners With "OR" Legal Status Also Sign Here

BACKED UP
REGISTRATION FEES
467M 08072008 386
New Title Number: 467M008220003
New Plate Reference Number: I220467M03
Plate Title Number: 467M008219034
State: AZ
Price Plate Reference Number: I219467M14
Type: 11823411
TOTAL 7.00

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ARIZONA ASSURANCE GUARANTEE OF TITLE

Inventory Control
10A50791

Vehicle Identification Number [REDACTED]
Year 1971
Make RAMAD
Model [REDACTED]
List Price 005645
Mobile Home Manufacturer SKYLINE CORPORATION
Unit Number 1E460
MI [REDACTED]

Title Number [REDACTED]
Previous Title Number [REDACTED] State AZ
Issue Date 04172008
Film Number [REDACTED]
Previous Film Number [REDACTED]
Odometer Reading (In Miles) [REDACTED]
A - Actual Mileage
B - Mileage in excess of the contract mechanical limit
C - NOT Actual Mileage, MVRVMS COMPUTER DISCREPANCY

Additional Brand Information will be printed here in the future.
State Previous Brand [REDACTED]
State Other Registered Film Brands [REDACTED]

Lienholders FIRST LIEN- [REDACTED]
LIEN DATE: 04092008

LIEN RELEASE
Lienholder Name [REDACTED] Lien Date [REDACTED] Lienholder Signature [REDACTED]
Acknowledged before me this date [REDACTED] County [REDACTED] State [REDACTED] Commission Expires [REDACTED]

VOID WITHOUT EAGLE WATERMARK OR IF ALTERED OR ERASED

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NOV 11 1987

TRANSMITTAL AND AUDIT REPORT

Yova PA-1
MVD County

Date 11-1-87

Prepared By

Company

86305

Contact Name

Dealer Name

Address

City & Zip Code

Dealer Lic. No.

FRASCOTT, A2

FRASCOTT, A2

Owner Name	Title No.	TRP No.	Vehicle ID No.	Year	Plate No.	Amount Paid
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1983	[REDACTED]	7.00
------------	------------	------------	------------	------	------------	------

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1983	[REDACTED]	7.00
------------	------------	------------	------------	------	------------	------

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1984	[REDACTED]	7.00
------------	------------	------------	------------	------	------------	------

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1984	[REDACTED]	7.00
------------	------------	------------	------------	------	------------	------

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1984	[REDACTED]	7.00
------------	------------	------------	------------	------	------------	------

MOTOR VEHICLE DIVISION
 PRESCOTT
 Date: 11/2/87
 Amt Pd: 235.00 065496
 Initials: J.T. # 065496

Total \$ 28.00

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AFTER RECORDING RETURN TO:

Don Layman-Trijillo, Recorder
OFFICIAL RECORDS OF YAVAPAI COUNTY
OFFICE TITLE CLERK
14.98

Driver Title Agency
1931 W. Camelback BLA. Suite 101
Phoenix, AZ 85015



FE 5
S 1
S 1
S 1
S 1

THIS AREA RESERVED FOR COUNTY RECORDER

AFFIDAVIT OF AFFIXTURE

SEE INSTRUCTIONS ON NEXT PAGE BEFORE COMPLETION

The legal description of the real property located in _____ County, Arizona, to which the mobile home has been affixed is: Yavapai
Assessor's Parcel #: Block Map 2 Parcel 1 Check if mobile home is in Mobile Home Park:

PROPERTY LOCATION SECTION

The mobile home has has not been previously assessed or taxed in Arizona as personal property. If previously assessed and taxed, give the account number, name and address of person(s) to which the last assessment was sent and the location of the mobile home when last taxed.

Name _____ Location _____

Street Address _____ City _____ State _____ ZIP _____

Print Complete Name (Seller) _____
Print Complete Name (Buyer or Dealer) _____
Current Address _____
Signature _____
Signature _____
Signature _____

CYNTHIA BROWN
Notary Public - Arizona
Maricopa County
Expires 03/10/10

The affiant (owner only) does hereby swear (or affirm) that the foregoing is a true and correct statement. Subscribed and sworn to before me this 21st day of August 2008.

Notary Public _____ My commission expires: 3-16-10

ADOT RECEIPT FOR SURRENDERED MOBILE HOME DOCUMENTS

Year 2008 Make Scheff Size 16x59 Manufacturer AMT Manufacturing West

Lot Price \$ 119,123. Title Number(s) _____ VIN Number _____
MSO Number(s) 7500 Film Number(s) _____ VIN Number _____

_____ VIN Number _____
_____ VIN Number _____
Dates Documents Issued 6-11-2008

Lienholder Name _____
Lienholder Address _____
Lienholder Name _____
Lienholder Address _____
Received by: Genevieve Boas County 07 Date: Sept 10, 2008
ADOT/Motor Vehicle Division Agent

DOT 2523 (4/05)

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PS Form 3811, June 1985

POST OFFICE DATE STAMP

Send Motor Vehicle Depart.	
Street P.O. Box 709	
P.O. State and ZIP Code Florence, Arizona 85232	
Postage	
Certified Fee	\$1.5
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (optional) to Whom and Date Delivered	90
Form Receipt (optional) to whom, date, and place of delivery	
TOTAL POSTAGE	\$1.50
Postmark Date	DEC 1988

RECEIPT FOR CERTIFIED MAIL

P 514 78 018

PURCHASER NAME(S)

SENDER: Complete items 1 and 2 when additional services are required for handling and delivery. Put your address in the "RETURN TO" space on the reverse side. Failure to do both will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees, the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address; Restricted Delivery

Article Addressed to: Motor Vehicle Department P.O. Box 709 Florence, Arizona 85232	Article Number: MP 664-764-000
5. Signature: X	Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature Agent: X	Way to obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery: DEC 1988	Address, Address ONLY, if requested and (fees paid)

RETURN RECEIPT

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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BUYER'S ACCEPTANCE FORM

Your Dealership Name

Your Address

Your Town, AZ 85007

License Number:

DATE _____

I/We, _____, have purchased the manufactured home, which is described below, and which is located in _____, space number _____.

I/We acknowledge that I/we have received possession of the manufactured home.

MANUFACTURER SIZE _____ SERIAL NUMBER _____
MODEL _____

NOTE: PLEASE X THE LINE THAT IS APPLICABLE

I/We also acknowledge that:

_____ I/We have received a properly signed off title and will apply for title transfer myself/ourselves.

_____ The Retailer/Broker is making application for title.

_____ The Retailer/Broker is filing for the Affidavit of Affixture.

_____ I/We have received the properly signed off Manufacturer's Certificate(s) of Origin.

_____ Title is being transfer by the lien holder (purchaser arranged financing), who is _____.

Dealer Representative _____

Buyer _____ Date _____

Buyer _____ Date _____

THIS DOCUMENT MUST BE COMPLETED IN ITS ENTIRETY. IT MUST BE EXECUTED AT THE CLOSE OF THE SALE AND MUST BE SIGNED AND DATED IN THE BUYERS' OWN HANDWRITING. ONE CHOICE MUST BE INDICATED IN THE SECTION REGARDING HOW TRANSFER OF TITLE IS TO BE ACCOMPLISHED. THIS FORM MAY BE USED AS A RECEIPT FOR TITLE(S)/MCO(S) WHEN PURCHASER IS GIVEN THE TITLE(S) OR MCO(S) DIRECTLY OR ON A CASH SALE ONLY. DEALER IS TO RETAIN SUPPORTING EVIDENCE THAT TITLE/AFFIDAVIT OF AFFIXTURE HAS BEEN APPLIED FOR ON BEHALF OF THE PURCHASER(S) IF THIS FORM IS MARKED TO INDICATE THAT THE DEALER HAS TAKEN RESPONSIBILITY FOR DOING SAME.

BILL OF SALE FOR FACTORY-BUILT BUILDINGS WITHOUT TITLE(S)/MSO(S)

The purchased unit, a _____ (year), _____ (manufacturer),
Serial number _____, is the type of factory-built building
that does not have a title(s) or MSO/MCO(s) (Manufacturer's Statement of
Origin/Manufacturer's Certificate of Origin).

I, _____, the Seller (owner/retailer), in
consideration of the sum of \$ _____, received from
the Buyer, on the _____ day of _____, (month) _____ (year),
hereby sell to the Buyer, the unit described above, and warrant that right to possession
and right to sell the vehicle are vested in the Seller.

Seller's Signature _____ Date _____

I, _____, the Buyer, acknowledge that I have received
possession of the above described unit.

Buyer's Signature _____ Date _____

MANUFACTURED HOME RETAIL INSTALLMENT CONTRACT AND SECURITY AGREEMENT (GOV. - FHA - VA) (SD)

Date 8-12-99 CONSUMER CREDIT DOCUMENT

BUYER:

Funded 8-13-99

SELLER:

ASSIGNEE:

FEDERAL TRUTH-IN-LENDING ACT DISCLOSURES

ANNUAL PERCENTAGE RATE <small>(The cost of my credit as a yearly rate)</small>	FINANCE CHARGE <small>(The dollar amount the lender will cost me)</small>	Amount Financed <small>(The amount of cash provided to me on my behalf)</small>	Total of Payments <small>(My payments will have paid after I have made all payments as scheduled.)</small>	Total Sale Price <small>(The total cost of my purchase in cash, including my down payment of \$5941.15)</small>
21.40 %	\$ 11672.93	\$ 48054.17	\$ 164772.00	\$ 170113.13

My payment schedule will be:

Number of Payments 365	Amount of Payments 457.70	When Payments Are Due Monthly beginning 9-15-99
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SECURITY: I am giving a security interest in:

X The goods or property being purchased N/A Real property located at N/A

FINING FEES: \$ 20.00 LATE CHARGE: If a payment is more than 15 days late, I will be charged \$ 5.00 or 5.00 % of the payment, whichever is LESS

PREPAYMENT: If I pay off early, I will not be charged a prepayment penalty. ASSIGNMENT: Someone buying my home may, subject to conditions, be allowed to assume the remainder of the Contract on the original terms. See the Contract document below for any additional information about nonpayment, default, any required repayment, full before the scheduled date, and prepayment refunds and penalties.

ITEMIZATION OF THE AMOUNT FINANCED

1. Cash Sale Price (including Taxes of) \$ 2257.35	\$ 53363.50	Physical Damage Insurance is required but I may obtain it myself if I want that to be acceptable to you. If I get the insurance checked below from you or through you, I will pay you	YEARS
2. Gross Trade-In \$.00		3. for insurance protection for a term of 99% Comprehensive is .00 (deductible)	
Net Trade-In \$.01		N/A Flood	
Description: Make \$.01		N/A Liability	
Year: 2000 Size 00 X 00		N/A Other	
3. Cash Down Payment \$ 5341.15		N/A Vendor's Single Interest	
4. Total Down Payment \$ 5341.15	\$ 5341.15	OPTIONAL CREDIT LIFE AND DISABILITY INSURANCE	
5. Unpaid Balance of Cash Sale Price (1 - 4) \$ 48022.17	\$ 48022.17	Credit Life and Disability Insurance are not required to obtain additional cost.	
6. Paid to Public Officials \$.00	\$ 28.00	The term of the Insurance is 00 Years.	
7. Paid to Insurance Companies \$.00	\$.00	N/A Single Credit Life Insurance	\$.00
8. Paid to Appraiser \$.00	\$.00	N/A Joint Credit Life Insurance	\$.00
9. a. Paid to FOR POINTS \$ 561.45	\$ 561.45	N/A Single Credit Disability Insurance	\$.00
b. Paid to HANDLING FEE \$ 20.08	\$ 20.08	Total	\$.00
c. Paid to \$.00	\$.00		
d. Paid to \$.00	\$.00		
e. Paid to \$.00	\$.00		
f. Paid to \$.00	\$.00		
g. Paid to \$.00	\$.00		
10. Principal Balance (5 + 6 + 7 + 8 + 9 a-d) \$ 49931.57	\$ 49931.57		
11. Prepaid Finance Charges \$ 981.50	\$ 981.50		
12. Amount Financed (10 - 11) \$ 49050.17	\$ 49050.17		

CONTRACT AND SECURITY AGREEMENT

1. DEFINITIONS: "I" means the Buyer(s). "You" "Your" means the Seller and also the Assignee (after the Contract is assigned by Seller). "Manufactured Home" means the manufactured home and any other property described below and on page Contract or Agreement means this Retail Installment Contract and Security Agreement

NEW OR USED	YEAR AND MAKE	MODEL	SERIAL NUMBER	SIZE
N	1999 LANCY	ML2246X		28 X 48

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND MICRO PRINTING

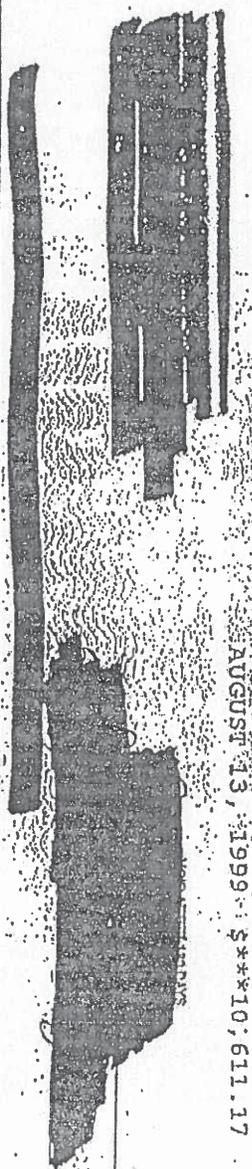
75-1592912

NO

PAY TEN THOUSAND SIX HUNDRED ELEVEN AND 17/100 DOLLARS

AMOUNT

DATE AUGUST 13, 1999 ***10,611.17



CHAVINGS CORPORATION

DETACH AND RETAIN THIS PORTION
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

NO

DESCRIPTION	AMOUNT
8/13/99 PROCEEDS	10611.17
C MANUFACTURER PROCEEDS	.00
SALES TAX	10611.17
FIQOR PLAN PAYOFF	37411.00
BRANDS FEE	28.00
TITLE FEE	.00
INSURANCE PREMIUM	961.40
Customer Points	
1999 XL2848A	
38627	
(2.00 ACQUISITION POINTS)	

FORM NO. 51-000-011 (1/95) 2500/MAP

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A. U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 SETTLEMENT STATEMENT
 Transaction Title Insurance Company
 1750 S Railroad Springs Blvd
 Suite 9
 Flagstaff, AZ 86001

OMB No. 2502-0235
 1. FHA 2. FARM 3. CONV. UNRS
 4. VA 5. CONV. MS
 6. ESCROW FILE NUMBER: _____ 7. LOAN NUMBER: _____
 8. MORTGAGE INSURANCE CASE NUMBER: _____

FINAL
 This form is furnished to give you a statement of settlement. Amounts paid to you by the settlement agent are shown. Items marked "P" or "C" have not been paid outside the escrow. They are shown here for information purposes and are not reflected in the totals.

D. NAME OF BORROWER: _____
 ADDRESS OF BORROWER: _____
 E. NAME OF SELLER: _____
 ADDRESS OF SELLER: _____

F. NAME OF LENDER: American General Finance
 ADDRESS OF LENDER: 1750 S Railroad Springs Blvd 2,
 Flagstaff, AZ 86001
 G. PROPERTY LOCATION: _____
 Coconino

H. SETTLEMENT AGENT: Transaction Title Insurance Company
 PLACE OF SETTLEMENT: 1750 S Railroad Springs Blvd, Suite 9, Flagstaff, AZ 86001
 I. SETTLEMENT DATE: 11/24/2006 PROPRATION DATE: 11/24/2006 FUNDING DATE: 11/28/2006
 J. SUMMARY OF BORROWER'S TRANSACTION K. SUMMARY OF SELLER'S TRANSACTION

100. Gross Amount Due from Borrower	61,644.91	400. Gross Amount Due to Seller	0.00
101. Cont'd Sales Price		401. Cont'd Sales Price	
102. Proceed Property		402. Personal Property	
103. Settlement charges to Borrower (line 1403)	64,288.04	403.	
104. Payoff to National Bank of Art		404.	
105.		405.	
Adjustments For Items Paid By Seller In Advance:		406. CHYT own Taxes	
106. CHYT own Taxes		407. County Taxes	
107. County Taxes		408. Assessments	
108. Assessments		409.	
109.		410.	
110.		411.	
111.		412.	
112.		413.	
113.		414.	
114.		415.	
115.		420. Gross Amount Due to Seller	0.00
120. Gross Amount Due from Borrower	125,932.95	500. Reduc'd in Amount Due to Seller	
201. Deposit of earnest money		501. Excess deposit (see instructions)	
202. Principal amount of new loan(s)	125,932.95	502. Settlement charges to Seller (line 1403)	0.00
203. Existing loan(s) taken subject to		504. Payoff of first mortgage loan	
204. Cash Payment & Closing Costs		505. Payoff of second mortgage loan	
205.		506.	
206.		507.	
207.		508.	
208.		509.	
Adjustments For Items Unpaid By Seller:		610. CHYT own Taxes	
210. CHYT own Taxes		611. County Taxes	
211. County Taxes		612. Assessments	
212. Assessments		613.	
213.		614.	
214.		615.	
215.		616.	
216.		617.	
217.		618.	
218.		619.	
220. Total Paid By/for Borrower	125,932.95	520. Total Reductions in Amount Due Seller	0.00
300. Cash at Settlement (from Borrower)	125,932.95	600. Cash at Settlement (to Seller)	0.00
301. Gross amount due from Borrower (line 120)	125,932.95	601. Gross amount due to Seller (line 420)	0.00
302. Less amount paid by/for Borrower (line 220)	0.00	602. Less reductions in amount due Seller (line 61)	0.00
303. Cash FROM/TO Borrower:	0.00	603. Cash TO/FROM Seller	0.00

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SETTLEMENT CHARGES:

700. Total Sales/Broker's Commission:		Pad from	Pad from
Based on Price \$ @ % =		Borrower's	Seller's
Division of Commission (line 700) follows:		Funds at	Funds at
		Settlement	Settlement
701. \$ 0			
702. \$ 0			
\$ 0			
703. Commission paid at settlement			
704			
800. Items Payable in Connection With Loan:			
801. Loan Origination Fee			
802. Loan Discount Fee % to American General Finance	3,800.00		
803. Appraisal Fee to Action Appraisal	400.00		
804. Credit Report			
805. Lenders Inspection Fee			
806. Mortgage Insurance Application Fee			
807. Assumption Fee			
808. Tax Service Fee to ZC Sterling	59.00		
809. Customer Insurance to American General Finance	1,199.95		
810			
811			
900. Items Required by Lender To Be Paid in Advance:			
901. Interest			
902. Mortgage Insurance Premium			
903. Hazard Insurance Premium			
904			
905			
1000. Reserves Deposited With Lender:			
1001. Hazard Insurance			
1002. Mortgage Insurance			
1003. City Property Taxes			
1004. County Property Taxes			
1005. Annual Assessments			
1006			
1007			
1008. Aggregate Adjustment months @ \$	0.00		
1100. Title Charges:			
1101. Settlement or closing fee to Transition Title Insurance Company	75.00		
1102. Abstract or title search			
1103. Title examination			
1104. Title insurance binder			
1105. Document preparation			
1106. Notary Fees			
1107. Attorney's Fees			
(Includes above item numbers.)			
1108. Title Insurance			
(Included above item numbers.)			
1109. Lender's coverage \$ (25,932.85 to Transition Title Insurance Company	401.96		
1110. Owner's Coverage			
1111			
1112. Tracking Fee to Transition Title Insurance Company	50.00		
1113			
1114. Express Mail to Transition Title Insurance Company	20.00		
1117. Affidavit of Affirmance to Transition Title Insurance Company	80.00		
1200. Government Recording and Transfer Charges			
1201. Recording Fees: Deeds Mortgage \$ Release \$	60.00		
1202. City/County Tax Stamps			
1203. State Tax Stamps			
1204. City Transfer Tax			
1205. County Transfer Tax			
1206			
1207			
1300. Additional Settlement Charges:			
1301. Survey			
1302. Pest Inspection	55,729.01		
1303. Payoff Fee			
1304			
1305			
1306			
1307			
1400. Total Settlement Charges (Enter on line 103, Section J and line 602, Section K)	61,644.91		0.00

Janice K. Brewer
Governor



Gene Palma
Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

SUBJECT: Trust or Escrow Account and Authorization for Release of Information

Pursuant to Arizona Revised Statutes ("A.R.S.") § 41-2180 (D), a Trust or Escrow Account has been established as described below.

By copy of this letter to the financial institution shown below, I/we authorize the depository to release any and all information relative to the trust or escrow account to the Assistant Director of the Department of Fire, Building and Life Safety, his agent, employee or deputy, as required by A.R.S. § 41-2180 (F).

Check One: Trust Account Escrow Account

Account No: _____

Financial Institution or Title/Escrow Company: _____

Physical Address: _____

Signatory on Account SIGNATURE _____ Date _____

Licensee (Licensed Business Name) _____

On this _____ day of _____, 20____, before me personally appeared with satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

NOTARY PUBLIC _____ COMMISSION EXPIRES _____

Applicant/Licensee Must Supply the Financial Institution with a Copy of this form.